

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

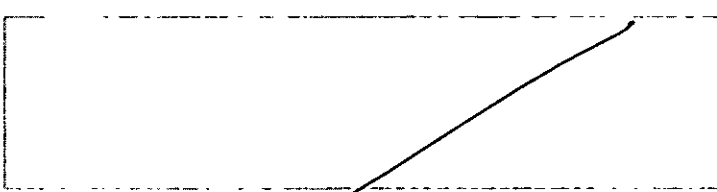
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.




READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>10542</b>	2. Fiscal Year Covered From: <b>1 / 1 / 2005</b> Through: <b>12 / 31 / 2005</b>
3. Name and address of person filing. Name <b>george e bromero</b> P.O. Box, Bldg., Room No., if any Street <b>1188 franklin street, 4th floor</b> City <b>san francisco</b> State <b>California</b> ZIP Code + 4 <b>94109</b>	4. Name, file number, and address of labor organization. Name <b>international longshore and warehouse union</b> Labor Organization File Number <b>000-202</b> P.O. Box, Building and Room Number, if any Street <b>1188 franklin street, 4th floor</b> City <b>san francisco</b> State <b>California</b> ZIP Code + 4 <b>94109</b>
5. Position in labor organization. <b>benefits specialist</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <b>5/10/06</b> Date	<b>415 775-0533</b> Telephone Number

Name of Person Filing george romero

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name victory capital management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 127 public square

City cleveland

State Ohio

ZIP Code + 4 44114

## 14.a. Nature of payment.

two dinner meetings

13.b. Is the Business an Employer

or Consultant

☒ ?

14.b. Amount of payment.

\$277

Name of Person Filing george romero

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## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name reef real estate investment managers

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 101 california street

City san francisco

State California

ZIP Code +4 94111

14.a. Nature of payment.

January client education conference accommodations and meals.

13.b. Is the Business an Employer or Consultant ☒ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name RCM Capital Management

Trade Name, if any: rcm

P.O. Box, Bldg., Room No., if any

Street four embarcadero center

City san francisco

State California

ZIP Code - 4 94111

14.a. Nature of payment.

amex championship tickets

13.b. Is the Business an Employer or Consultant ☒ ?

14.b. Amount of payment.

\$250

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State California

ZIP Code +4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment